

**MI-1040X AMENDED MICHIGAN INCOME TAX RETURN**

Issued under authority of P.A. 281 of 1967.

1. Enter calendar year or ending date of fiscal year (mo./day/yr.) of this return.....

**IDENTIFICATION**

▶ 2. Filer's First Name, Middle Initial and Last Name			▶ 3. Filer's Social Security Number		
If a Joint Return, Spouse's First Name, Middle Initial and Last Name			▶ 4. Spouse's Social Security Number		
Home Address (No., Street, P.O. Box or Rural Route)			Office Use		
City or Town	State	ZIP Code			

<b>RESIDENCY STATUS</b>		Resident	Nonresident	Part-year Resident	Enter Dates:
5. On Original Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM:	TO:
6. On This Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM:	TO:
<b>FILING STATUS</b>		Single	Married - filing jointly	Married - filing separately	Enter Spouse's Name:
7. On Original Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. On This Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>EXEMPTIONS</b>		Federal exemptions		Michigan Special Exemptions	
9. On Original Return					(Explain on lines 42-45)
10. On This Return					

<b>INCOME, ADDITIONS and DEDUCTIONS</b>		A. On Original Return	B. Net Change	C. Correct Amount
11. Adjusted gross income. Explain changes on line 46	11.			
12. Additions to adjusted gross income	12.			
13. Total income. Add lines 11 and 12	13.			
14. Subtractions from adjusted gross income	14.			
15. Balance. Subtract line 14 from line 13	15.			
16. Exemption allowance. Multiply number of exemptions by applicable amount (see instructions)	16.			
17. Taxable income. Subtract line 16 from line 15	17.			
18. Tax. Multiply line 17 by tax rate (see instructions)	18.			
19. Contributions to CTF/Nongame Wildlife 1999 and before	19.			
20. Use Tax Due. (Tax year 1999 and after)	20.			
21. Add lines 18, 19 and 20	21.			

<b>NONREFUNDABLE CREDITS</b>		A. On Original Return	B. Net Change	C. Correct Amount
22. Income tax paid to Michigan cities credit	22.			
23. Medical care savings account credit (for tax years 1994-1996)	23.			
24. Public contributions credit	24.			
25. Community foundations credit	25.			
26. Homeless/food bank credit	26.			
27. Income tax paid to another state credit	27.			
28. Historic Preservation Tax Credit (Tax year 1999 and after)	28.			
29. College tuition and fees credit	29.			
30. Total nonrefundable credits. Add lines 22 through 29	30.			
31. Balance. Subtract line 30 from line 21. (If line 30 is greater than line 21, enter "NONE.")	31.			

<b>REFUNDABLE CREDITS and PAYMENTS</b>		A. On Original Return	B. Net Change	C. Correct Amount
32. Homestead Property Tax Credit (attach MI-1040CR or MI-1040CR-2)	32.		▶ 32.	
33. Farmland Preservation Tax Credit (attach MI-1040CR-5)	33.		▶ 33.	
34. Michigan income tax withheld (if amending, attach state copy of W-2)	34.			34.
35. Michigan estimated tax, credit forward and extension payments	35.			35.
36. Amount paid with original return, plus additional tax paid after filing	36.			.00
37. Total credits and payments. Add lines 32 through 36 of column C	37.			.00

<b>REFUND or BALANCE DUE</b>		A. On Original Return	B. Net Change	C. Correct Amount
38. Refund, if any, shown on original return	38.			.00
39. Enter the difference between lines 37 and 38. (If a negative amount, see instructions.)	39.			.00
40. If line 31, column C, is greater than line 39, enter BALANCE DUE Include interest and penalty (if applicable; see instructions)	▶ 40.			.00
41. If line 31, column C, is less than line 39, enter REFUND to be received	▶ 41.			.00

**EXEMPTIONS.** Check a box and/or enter a number for all that apply (see instructions).42. Exemptions claimed on your **original return**.

Number of Federal exemptions \_\_\_\_\_  
 Age 65 or older ..... \_\_\_\_\_  
 Deaf ..... \_\_\_\_\_  
 Blind or disabled\* ..... \_\_\_\_\_  
 Unemployment compensation ..... ☐ (must be 50% of AGI.)

**For tax years 1998 and 1999 number of children claimed as an exemption**

Ages 6 and under ..... \$600 \_\_\_\_\_  
 Ages 7 - 12 ..... \$300 \_\_\_\_\_

**For tax years beginning with 2000**

**number of children 18 and under** \$600 \_\_\_\_\_

43. Exemptions claimed on **this return**.

Number of Federal exemptions \_\_\_\_\_  
 Age 65 or older ..... \_\_\_\_\_  
 Deaf ..... \_\_\_\_\_  
 Blind or disabled\* ..... \_\_\_\_\_  
 Unemployment compensation ..... ☐ (must be 50% of AGI.)

**For tax years 1998 and 1999 number of children claimed as an exemption**

Ages 6 and under ..... \$600 \_\_\_\_\_  
 Ages 7 - 12 ..... \$300 \_\_\_\_\_

**For tax years beginning with 2000**

**number of children 18 and under** \$600 \_\_\_\_\_

\*applies to people who are hemiplegic, paraplegic, quadriplegic or classified as totally and permanently disabled under Social Security guidelines.

44. List all your dependents and answer all questions for each dependent (E-H answer 'yes' or 'no'). Attach separate sheet if necessary.

A Name	B Social Security Number	C Relationship	D Age	E Did the dependent file a federal return and claim exemption for self?	F Did you provide more than half the dependent's support?	G Did the dependent live with you more than 6 months during the year?	H Was this dependent claimed on your original return?

45. Explain change in number of dependents.

**EXPLANATIONS of CHANGES**

46. Explain changes to income, deductions and credits. Show computations in detail and attach applicable schedules.

**DECLARATIONS - Sign below. If filing jointly, both husband and wife must sign.**

*I declare, under penalty of perjury, that the information in this return, and attachments is true and complete to the best of my knowledge.*

☐ *I authorize Treasury to discuss my return and attachments with my preparer.*

☐ *Do not discuss my return with my preparer.*

*I declare, under penalty of perjury, that this return is based on all information of which I have knowledge.*

Preparer's Name, Address, PTIN and/or FEIN.

Filer's Signature

Date

Spouse's Signature

Date

**For forms, call 1-800-FORM-2-ME (367-6263).**

**For additional information, call 1-800-487-7000.**

**Deaf, hearing or speech impaired persons call 517-373-9419 (TTY).**

**Mailing Instructions****Refund or Credit:**

Mail your return to:

**Michigan Department of Treasury  
Lansing, MI 48956**

**Pay:**

See the instructions for line 40 for check writing information.

Mail check and return to: **Michigan Department of Treasury  
Lansing, MI 48929**